

DISCHARGE FIELD REPORT

(Must be Filled Out for EACH Project)

PROJECT LOCATION

Municipality: _____ Tax Map & Lot # _____

Waterbody (or Public Drinking Water source) affected: _____

PROPERTY OWNER(S) INFORMATION

Name(s): _____

Physical Address for project: _____

Year-round Mailing Address (if different) _____

Name of Owner(s) Being Interviewed: _____

If this project were selected for funding, is the Owner willing to sign the Owner's Agreement before beginning the project and the Small Community Grant Easement before beginning construction?

If this project were selected for funding, but qualified for less than 100%, does the Owner have the ability to pay their share? _____

PROPERTY INFORMATION

Does a building presently exist that is connected to the malfunctioning septic system? _____

Type of building (Single family, multifamily, business, etc.) _____

Is the building mixed use? If so, describe _____

Is the building presently vacant? If so, for how long? _____

Describe any additional building(s) contributing wastewater flow _____

Describe any rental situations and/or apartments _____

Is the building "owner-occupied"? _____

Is the building occupied year-round or seasonally? _____

If the building is year-round, was it recently converted from seasonal? _____

Has the building recently undergone any significant upgrades or additions? If so, describe _____

Total Number of Occupants or Employees (per building) _____

Total Number of Bedrooms, (per building) _____

DRINKING WATER SUPPLY INFORMATION

Type of Water Supply _____ Is it pressurized? _____

Are there modern plumbing fixtures? _____

WASTE DISPOSAL INFORMATION

Type of Wastewater System Existing: _____

Year installed _____ Wastewater flow rate (if known) _____

Is the system entirely located on the Owner's lot? _____

Type & Volume of septic tank _____

Is there a separate grey water discharge or disposal area? If so, describe _____

Is ALL wastewater (black and grey) from the structure(s) connected to the disposal system? _____

Frequency of septic tank pumping _____

Describe the malfunction and other known recent problems _____

WASTE DISPOSAL SYSTEM INSPECTION

The following was observed (by Municipality official signing this form) during a visual inspection of the system on _____ (fill in date):

Please describe how the existing septic system is malfunctioning:

- ☐ No apparent problem
- ☐ Ponding water or ground soggy
- ☐ Surfacing wastewater remaining on the property
- ☐ Surfacing wastewater leaving property
- ☐ Odors
- ☐ Vegetation indicators (such as green lush grass)
- ☐ Untreated wastewater entering drainageway or waterbody
- ☐ Other: _____

The distance between the malfunctioning area and adjacent water body (or public drinking water source) is estimated to be: _____.

The path of travel of the leaking wastewater to the water body (or public drinking water source) is described as follows: _____

ATTACHMENTS

Please also include the following attachments with the Discharge Field Report:

- ☐ Copy of Tax map showing lot(s) involved, adjacent and nearby lots, and roads at readable scale
- ☐ Aerial photo (or sketch) showing layout of the building, driveway, and other pertinent features with the approximate location of the existing septic system and failed area indicated.
- ☐ Color photos showing the following:
 - a. Close-up of the discharge / malfunctioning area from different angles,
 - b. The building, driveway, and any other nearby structures/trees/roadways, and
 - c. Path of discharge and any receiving waterbodies.

***Photos taken when the ground is completely covered in snow are
not acceptable documentation of the malfunctioning system***

*If you would like someone from the DEP to visit the site of the malfunctioning system, please contact the Small Community Grant Coordinator **Brandy Piers** to schedule a time:*

Phone: 207-287-6093

Email: Brandy.M.Piers@maine.gov

SIGNATURE OF LPI / MUNICIPAL OFFICIAL

Print Name: _____

Title: _____

Signature: _____

Date: _____